

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA	
						MISLE NOTIFICATION NUMBER	
SECTION I. GENERAL INFORMATION							
1. Name of Vessel or Facility Miriam Moran			2. Official No. 613894		3. Nationality USA		4. Call Sign WQZ6572
6. Type (Towing, Freight, Fish, Drill, etc.) Towing			7. Length 105'	8. Gross Tons 149.16		9. Year Built 1979	
11. Hull Material (Steel, Wood...) Steel		12. Draft (Ft. - in.) FWD 12' AFT. 14'		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 4/15/06	
						15. TIME (Local) 0420	
16. Location (See Instruction No. 10A) Bayonne Bridge / Red Buoy # 14						17. Estimated Loss of Damage TO: VESSEL <u>TBD</u> CARGO <u>0</u> OTHER _____	
18. Name, Address & Telephone No. of Operating Co. Moran Towing of New York and New Jersey 50 Locust Avenue New Canaan, CT 06840 (203) 442-2800							
19. Name of Master or Person in Charge Joseph Mottola			USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot N/A		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO
							State License <input type="checkbox"/> YES <input type="checkbox"/> NO
19a. Street Address (City, State, Zip Code) 5201 NEWBORN RD NEW YORK NY 10001			19b. Telephone Number 212 636 1730		20a. Street Address (City, State, Zip Code)		20b. Telephone Number
21. Casualty Elements (Check as many as needed and explain in Block 44.)							
NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED _____ <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) _____ <input checked="" type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE			<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE			<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____	
22. Conditions							
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input checked="" type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR	
						E. DISTANCE (miles of visibility) <u>0</u>	
						F. AIR TEMPERATURE (F) _____	
						G. WIND SPEED & DIRECTION <u>Calm</u>	
						H. CURRENT SPEED & DIRECTION <u>end of ebb</u>	
23. Navigation Information				SPEED AND COURSE <u>5.8</u>		24. Last Port Where Bound <u>New York Harbor assist</u>	
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING						24a. Time and Date of Departure	
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	
		Empty Loaded Total				Length Width	
						25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	
SECTION II. BARGE INFORMATION							
26. Name		26a. Official Number		26b. Type		26c. Length	
						26d. Gross Tons	
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26i. Operating Company	
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge			

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) N/A 27b. Address (City, State, Zip Code)		27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)				
33. Person's Time A. IN THIS INDUSTRY - _____ B. WITH THIS COMPANY - _____ C. IN PRESENT JOB OR POSITION - _____ D. ON PRESENT VESSEL/FACILITY - _____ E. HOURS ON DUTY WHEN ACCIDENT OCCURRED - _____			34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) 35. Was the Injured Person Incapacitated 72 Hours or More? 36. Date of Death	YEAR(S) MONTH(S) _____ _____ _____ _____
37. Activity of Person at Time of Accident				
38. Specific Location of Accident on Vessel/Facility				
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)	
41. Part of Body Injured			42. Equipment Involved in Accident	
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.				
SECTION IV. DESCRIPTION OF CASUALTY				
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary). <p style="text-align: center;">Tug Miriam Moran was pulled over rocks near red buoy 14 while assisting vessel New Delhi Express with a line on the starboard bow.</p>				
45. Witness (Name, Address, Telephone No.)				
46. Witness (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				47c. Title
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		Risk Manager
Klaben, Daniel J.		Same as # 18 above		47d. Telephone No. [REDACTED]
47a. Sign [REDACTED]				47e. Date 4/18/06
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
MISLE Incident Investigation Activity Data Entry:			MISLE Incident Investigation Activity Number (if applicable)	
<input type="checkbox"/> NONE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> DATA COLLECTION			<input type="checkbox"/> INFORMAL <input type="checkbox"/> FORMAL	
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE